

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24036

1. PLACE OF DEATH

County Butler
Township Lebanon
City Lebanon (No. Butwell Hosp.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 176 Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Kilchrist

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 3 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER FATHER 13. NAME Robert Kilchrist

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Anna Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs James Kilchrist

18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte DATE 7-12-33

19. UNDERTAKER (ADDRESS) B. J. Farmer
La Monte Mo

20. FILED July 11, 1933 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-8-33, 1933, to 7-10-33, 1933

I last saw him alive on 7-10-33, 1933 Death is said

to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset 1933

Strangled Hemorrhage
Stroke
22 P

Other contributory causes of importance:

Name of operation Hernia Date of 7-10-33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Walker , M. D.

(Address) La Monte Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

AUG 26 1933

